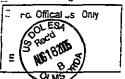


## "FORM-LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Managemen
and Budget
No 1215-0 80
Expires 1 36 2006

Tims report is mandatilize unider Dig. 86.2 Tild sameno di Failure to comply may regul in criminal prosicution fines o civil pillaties as providen by 2. USIC -39 o 640 Tild



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING: THIS REPORT

QLM5	^ - I
Fire Number U 98/5	2 Fiscal Yeal Covered From
	1/1/04 Through 12/31/04
Name and address of person filing	4 Name file numbe and address of labor organization
Name MICHEAI L VAUGHW	Name LABORERS LOCAL 1214
	Labor Organization File Number 006 972
PO Box Bidg Room No Ifany Pc Box 761	PO Box Building and Room Number If any Po Box 761
Street	Street
City PADUCAH	City PADUCAH
State Ky ZIP Code + 2 42002	0761 State Ky ZIP Code + 4 42 0 0 2 - 07
	GER/SELRETARY TREASURER
L Held an interest in engaged in transactions (including loans) with nonetary value from an employer whose employees your organizations.	or derived income or other economic benefit of zation represents or is actively seeking to represent.
Name and address of Employer (including trade name if any)	a Nature of Interest. Transaction or Income
Name	
Trade Name if any	
PO Box Bidg Room No Ifany	7 b Amount.
Street	7 b Alloune
City	
State ZIP Code + 4	
s	Signature
15 Signature and verification. The undersigned declares under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief true correct, and complete (See the	y of Penury and other applicable penalties of the law that all of the information panying documents, has been examined by the signatory and is to the best of the elements of
Signed Mulicel & Vayle	on 8-8-05 1-276-442-3434
· //	Date Telephone Numper

1			
Name	of E	erson	Filma

File Number U

Name of Person Filing	File Number 0
B Heid an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other	
8 Name and address of Business (including trade name 1 any) Name BEACON PROPERTIES  Trade Name if any JACKSON HOUSE APART MENTS WB SANDERS RETIRE MENT CONTER PO Box Bidg Room No if any  Street 1244 SOUTH FURTH STREET  -City LOVISUITE,  State Ky  ZIP Code + 4 4020 S  10 If 9 b or 9 c is checked give trust or employer's name	a Labor Organization  b Trus  c Employer  O BOARD Member  11 a Nature of such dealing
Name BEACON PROPERTIES	XMAS PARTY Whalers CATCH DINNER \$40.06
Trade Name If any PO Box Bldg Room No If any Street 1244 South FOURTH STREET City LOUIS UITE State Ky ZIP Code + 4 40203	\$100 Ky OAKS AMAI  617+  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received
	12 b Amount
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value
Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name	
Trade Name if any	

Name

Trade Name if any

P O Box Bidg Room No if any

Street

City

State

ZIP Code + 4

13 b Is the Business an Employer or Consultant 2